Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	1111Y	OR	OTHER SMALL	
TOTAL CLAIMS			43					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			#3 minus 20=		.23			X\$ 9= 8c7.1c		OR	X\$18=		
INDEPENDENT CLAIMS			c minus 3 =		2			<b>X40=</b> 80		80	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	ij	6110. N	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	- 1 E	NTITY	OR	OTHER SMALL	
	in antirova da	(Column 3)	) (	SMAL	1	ADDI-		JAMEL	ADDI-				
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ŀ	TIONAL FEE		RATE	TIONAL FEE
	Total	.22	Minus	- 4	13	•/		X\$ 9=			OR	X\$18=	
	independent	• 4	Minus	***	<u>5</u>			X40=			OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=	
			_				7	TOT/ ADDIT, FE			OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· a a _	Minus	: \ \	13	•		X\$ 9=			ОЯ	X\$18=	
AME	Independent FIRST PRESE	Minus	***	S T CHAIM	S =					OR	X80≈		
_	PINST PRESE	ITATION OF M	DETIFIE DET				<b>,</b> [	+135=			OR	+270=	
									AL E		OR	YOTAL ADDIT, FEE	
ADDIT. FEE													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HESY HEER HOUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus "	••	- :,	=	11	X\$ 9=			OR	X\$18=	ز 
	Independent	•	Mirus	***		<u> -</u>	1	X40=	T		OR	X80=	
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	. †		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE												TOTAL	
	# the "Fighest Nu "If the "Fighest No	mber Previously F mber Previously F aber Previously Pa	wid For IN THI wid For IN THI	S SPACE S SPACE	to less that in less that	n 20, enter "20. in 3. enter "3."		ADDIT. FE	ΞL	ropriate bor	OR th $\infty$	ADDIT, FEE	
L						است تسمید							

FORM PTO-675 (Rev. 8/00)

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Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE 1U.S. GPO: 2000-450-70800103

Application or Docket Number